



STATE OF TENNESSEE  
TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF HEALTH LICENSURE AND REGULATION  
665 MAINSTREAM DR  
NASHVILLE, TN 37243  
[www.tn.gov/health](http://www.tn.gov/health)  
(800) 778-4123, ext. 741-5735 (615) 741-5735

**Application for Licensure as a Hearing Instrument Specialist**

This packet contains information relative to obtaining licensure as a hearing instrument specialist.

The requirements for application are supported by Council rules and regulations and T.C.A. 63-17-101 et seq. It is imperative that you read the instructions, rules and regulations, and statute carefully prior to applying. Application and examination fees are nonrefundable and all documents submitted to the Council become a part of your HIS file and are not returnable. Submission of an application is not a permit to participate in any testing or fitting for a hearing aid. The Council hereby gives warning that it has the power to verify all information provided within this application. Incomplete, misleading or inaccurate information could result in automatic denial of the application.

It is suggested that documents required in the instructions be requested upon receipt of the packet. Supporting documents requested in the instructions must be received in the Council administrative office within 30 days of receipt of your application. Upon initial review of your application, a deficiency letter will be sent to you by certified mail if your application is incomplete or the supporting materials have not arrived in this office. Upon notification of a deficiency, the file must be completed within 30 days or the file will be closed and you will be required to reapply. When the application is deemed "administratively complete" you will receive written instructions as to how to proceed to the next step toward licensure.

***PLEASE NOTE: Application review and processing time can take as long as 6-8 weeks from the date the application was received in our office. We will respond to questions regarding the status of an application by mail and remind you that excessive calls may delay the processing of applications. Every effort is made to keep you informed of the status of your file and to process your application in a timely, efficient manner.***

## INSTRUCTIONS

Read the below instructions, which will assist you in completing the application and submitting exactly the items needed by the Council to determine your eligibility for licensure. *It is imperative that you read the instructions, rules and regulations, and statute carefully prior to applying.*

- 1 Application must be typed or printed.
- 2 Fees. Make check or postal money order payable to the State of Tennessee. All fees are nonrefundable.
- 3 Official college transcript. It is the applicant's responsibility to request a transcript be submitted directly from the college to the Council Administrative office. The transcript must carry the official seal of the college. If your name has changed since you received the degree, please have the school reference both of your names.
- 4 Photograph. An original, recent (12 months) passport type.
- 5 A certified or notarized copy of the applicant's birth certificate or naturalization papers must accompany application.
- 6 Physician's Certification attesting to the fact that in his/her professional opinion you are free of contagious or infectious disease.
- 7 Outline of Program of Supervision. Apprentice applicants must submit either (1) an original letter, on official stationery, from their sponsor or (2) the enclosed outline of program of supervision form. The information must include sponsor's name, business address, phone number, place you will be working, outline of your planned training (including hours you will be working), and a list of all study material you will be using while being supervised.
8. Out-of-State Verification. Verification from each state where you hold or have held a license. Since most Boards require payment for this service, we suggest that you contact them prior to forwarding Attachment 2. Reciprocity applicants must submit evidence that you have passed the IHS Examination. This evidence must be submitted to the council directly from the International Hearing Society.
9. A criminal Background Check is required for all methods of licensure. For instructions to obtain a criminal background check click here: <http://www.tn.gov/health/topic/CBC-check> or go to the Noteworthy section of the Board's website.
10. Mail your application, fee and supporting materials to:  
COUNCIL FOR LICENSING HEARING INSTRUMENT SPECIALISTS  
665 MAINSTREAM DR  
NASHVILLE TN 37243  
Materials not addressed as indicated above may not reach the Council office thus delaying the application process for you. Whenever corresponding with the Council, always reference your name, profession, social security number and Council.

11. From the date your application is mailed, please allow seven to ten (7-10) working days for the material to reach the Council office. "Overnight mail" is handled as "routine" mail by the Council office and requires the same time frame. **If mailing overnight, the zip code is 37228.**
12. **We will respond to questions regarding the status of an application by mail and remind you that excessive calls to the administrative office may delay the processing of application. Every effort is made to keep you informed of the status of your file and to process your application in a timely, efficient manner.**

**REMEMBER, SUBMISSION OF AN APPLICATION IS NOT A PERMIT TO PARTICIPATE IN ANY TESTING OR FITTING OF A HEARING AID.**

**Licensure Process - Includes the following steps, in sequence:**

1. Submit application, supporting documents, and fees to Council administrative office.
2. Application and supporting documents reviewed.
3. Written notification of eligibility or ineligibility to sit for IHS examination, if applicable.
4. Schedule for exam.
5. Written notification of exam results and eligibility or ineligibility to sit for practical examination.
6. Schedule to sit for next available exam.
7. Written notification of exam results and eligibility/ineligibility for licensure.

**APPRENTICE**

Qualifications:

1. At least 18 years of age
2. Education two (2) years of accredited college-level coursework
3. Free of contagious or infectious disease

Checklist - Identifies materials which constitute a complete application for HIS license by apprentice:

- \_\_\_ HIS Application (complete Attachment 1 also)
- \_\_\_ Official college transcript
- \_\_\_ Photograph, passport size.
- \_\_\_ Notarized Copy of Birth certificate or naturalization papers
- \_\_\_ Document that changed your name (Marriage certificate, divorce decree, court order), IF APPLICABLE
- \_\_\_ Declaration of Citizenship form (**must be notarized**)
- \_\_\_ Fees (\$135.00)
- \_\_\_ Physicians certification

## HEARING INSTRUMENT SPECIALIST BY UPGRADE FROM APPRENTICE

### Qualifications

Holds a current Tennessee apprentice license

Checklist - Identifies materials which constitute a complete HIS by upgrade from apprentice file.

- \_\_\_ Application
- \_\_\_ Affidavit from supervisor that training has been completed, including 60 hours of classroom training
- \_\_\_ Fees (\$635.00)

## HEARING INSTRUMENT SPECIALIST BY RECIPROCITY

### Qualifications

Must be at least 18 years of age

1. Education two (2) years of accredited college-level coursework
2. Free of contagious or infectious disease
3. Original license must have been issued based on passing score as determined by the IHS.

Checklist - Identifies materials which constitute a complete HIS application by reciprocity.

- \_\_\_ Application form (complete Attachment 2 also)
- \_\_\_ Official college transcript
- \_\_\_ Photograph, original, passport size.
- \_\_\_ Birth certificate or naturalization papers
- \_\_\_ Declaration of Citizenship form (**must be notarized**)
- \_\_\_ Fees (\$635.00)
- \_\_\_ Document that changed your name (Marriage certificate, divorce decree, court order), IF APPLICABLE
- \_\_\_ Physician's Certification
- \_\_\_ Verification of licensure from each state where you hold or have held a license. Must include practical exam scores.
- \_\_\_ Verification submitted directly from IHS of exam scores

**IF YOUR LICENSE WAS NOT BASED ON THE ABOVE, YOU WILL NOT QUALIFY FOR LICENSURE BY RECIPROCITY AND WILL NEED TO FILE AN APPLICATION FOR LICENSURE BY EXAMINATION!**

## HEARING INSTRUMENT SPECIALIST BY EXAMINATION

### Qualifications

1. At least 18 years of age
2. Education two (2) years of accredited college-level coursework
3. Free of contagious or infectious disease

Checklist – Identifies materials which constitute a complete HIS application by Examination.

- \_\_\_ Application form (complete Attachment 2 also, if applicable)
- \_\_\_ Official college transcript
- \_\_\_ Photograph, original, passport size.
- \_\_\_ Birth certificate or naturalization papers
- \_\_\_ Declaration of Citizenship form (**must be notarized**)
- \_\_\_ Document that changed your name (Marriage certificate, divorce decree, court order), IF APPLICABLE
- \_\_\_ Fees (\$635.00)
- \_\_\_ Physician's Certification

### IHS EXAMINATION INFORMATION

1. Study guides may be obtained by visiting the following website: [www.webassessor.com/ihs](http://www.webassessor.com/ihs).
2. Upon being deemed eligible, your information will be submitted to IHS, who will then contact you by email, to advise you how to schedule the exam, and to send you a copy of the Study Guide.
3. After you take the exam, IHS will notify the Board administrative office of the results. Examination results will then be mailed to you, with additional information to advise you of your next step in the licensing process. PLEASE NOTE: **Examination results are not provided by telephone or by email.**

### GENERAL APPLICATION INFORMATION

1. Application review and processing can take 6-8 weeks from the date your application was received. Please do not call or email to check the status of your application, as this will only delay the review process. You will be notified in writing, by mail, of any missing information.
2. Application deadline. Statute requires that your application and all supporting materials be in the Council's administrative office 45 days prior to the examination date. If your materials are received and your file is complete you will receive a response as to eligibility/ineligibility for the next scheduled IHS written examination.
3. Files which are incomplete on the application deadline date will be reviewed during the next review cycle. THERE ARE NO EXCEPTIONS! Please consider this fact when planning your submission and allow a minimum of two weeks to correct any deficiencies. If a deficiency is discovered during the preliminary review, written notification will be sent to you by mail.



## EDUCATION

Name and location of college/university from which you hold a certificate or degree, or two years of college coursework.

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE DEGREE RECEIVED: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

## EMPLOYMENT

INTENDED EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

FULL/PART TIME (CIRCLE ONE):                      FT                      PT

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

FULL/PART TIME (CIRCLE ONE):                      FT                      PT

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

**Employment (You are authorized to photocopy this form)**

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

FULL/PART TIME (CIRCLE ONE):                      FT                      PT

**JOB DUTIES:** \_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

FULL/PART TIME (CIRCLE ONE):                      FT                      PT

**JOB DUTIES:** \_\_\_\_\_

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Do you engage in private practice? ☐ Yes ☐ No      If yes, give location:

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### LICENSURE INFORMATION

List below ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED OR CERTIFIED as a Hearing Instrument Specialist. Additional pages may be added if necessary. Submit a copy of the Licensure verification form to all such states, countries, or provinces regarding such licensure, certification, or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, countries, or provinces in which you hold or have ever held a license, certification, or permit as a health professional OTHER than a Hearing Instrument Specialist. Submit a copy of the Licensure verification form to all such states, countries, or provinces regarding such licensure, certification, or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## IMPORTANT

### COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to the questions in this part are in the **affirmative** attach an explanation on a separate sheet. ***In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.***

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice the fitting and dispensing of hearing aids"** is to be construed to include all of the following:
  - a. The cognitive capacity to make appropriate judgments and to learn and keep abreast of developments in the industry;
  - b. The ability to communicate those judgments and pertinent information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability and manual dexterity to perform tasks such as visual physical examination of the ear with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental, or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech, and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be constructed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a Licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

#### QUESTIONS:

**YES      NO**

- |   |       |       |
|---|-------|-------|
| 1. Do you currently have a medical condition, which in any way impairs or limits your ability to practice the fitting and dispensing of hearing aids.   | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?  | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

***[If you receive such ongoing treatment or participate in such a monitoring program, the Council will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical conditions so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are ineligible for licensure.]***

	YES	NO
2. Do you currently use chemical substances?	_____	_____
If yes, do they in any way impair or limit your ability to practice hearing aid dispensing with reasonable skill and safety?	_____	_____
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____	_____
5. If you have ever held or applied for a license to practice the fitting and dispensing of hearing aids in any state, country or province, has it ever been denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. Have you ever failed a Licensure Examination for the fitting and dispensing of hearing aids?	_____	_____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8. Have you ever been rejected or censured by the International Hearing Society's Grievance Committee?	_____	_____
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered against you?	_____	_____
b. Have you ever had settlement of any legal action rendered against you?	_____	_____
c. Are there any legal actions pending against you or to which you are a party?	_____	_____
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

## AFFIDAVIT OF APPLICANT'S CONSENT AND RELEASE

In the applying for certification or licensure in the State of Tennessee, I HEREBY:

- SIGNIFY MY WILLINGNESS to appear to answer such questions as the Council may find necessary and which may include a full Council interview;
- AUTHORIZE THE COUNCIL, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competency, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications;
- CONSENT TO THE RELEASE of such information;
- RELEASE FROM LIABILITY the Council, its staff, and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluating my application, my credentials, and my qualifications;
- RELEASE FROM LIABILITY any and all organizations which provide information in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for licensure;
- ACKNOWLEDGE THAT I, as an applicant for certification or licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubt about such qualifications.

**PLACE PHOTO HERE.**

**I hereby authorize** release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO ATTEST THAT THE ATTACHED PHOTO ABOVE IS OF ME, TAKEN WITHIN THE LAST 6 MONTHS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

In the state of \_\_\_\_\_, and county of \_\_\_\_\_

\_\_\_\_\_, of \_\_\_\_\_, being duly sworn and identified as the person referred to in this application for a license to practice as a hearing aid dispenser or HIS apprentice in the State of Tennessee, attests to the truth of each statement made in said application. He/she further swears that he/she has read and understands the law and the rules and regulations which were enclosed in the application packet and agrees to abide by them while in practice in the State of Tennessee and acknowledges said instrument by him/her executed, to be his/her free act and deed.

NOTARY SEAL:

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_

Notary Public Signature

**PHYSICIAN'S CERTIFICATION**

This is to certify that \_\_\_\_\_ is free of any contagious or infectious diseases.  
(Applicant Name)

\_\_\_\_\_  
Physicians' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name - Printed

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City, State, Zip



**TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF HEALTH LICENSURE AND REGULATION  
665 MAINSTREAM DR  
NASHVILLE, TN 37243  
[www.tn.gov/health](http://www.tn.gov/health)**

**OUTLINE OF PROGRAM SUPERVISION**

This is to inform the Council for Licensing Hearing Instrument Specialists that \_\_\_\_\_  
APPRENTICE'S NAME

will be working under my supervision at \_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS CITY STATE

during the hours of \_\_\_\_\_. If any field appointments are made,  
\_\_\_\_\_ will be working with him/her.

Business Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The following subjects will be covered:

<u>Topics</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____

In addition to case histories and audiometric data used in my office, the following training materials will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I can be of further assistance, you may contact me by calling \_\_\_\_\_.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

HIS License Number \_\_\_\_\_



**TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF HEALTH LICENSURE AND REGULATION  
665 MAINSTREAM DR  
NASHVILLE, TN 37243  
[www.tn.gov/health](http://www.tn.gov/health)**

**COUNCIL FOR LICENSING HEARING INSTRUMENT SPECIALISTS**

Please complete top portion and forward one to each state where you hold or have held a certificate/license to practice as a Hearing Instrument Specialist. Extra copies may be photocopied if needed.

\*\*\*\*\* PART  
A – To Be Completed By the Applicant

**CERTIFICATION FROM OTHER STATE COUNCILS**

I am applying for a Tennessee Hearing Instrument Specialist License by reciprocity, I was granted certification/license # \_\_\_\_\_ on \_\_\_\_\_ by the State of \_\_\_\_\_.

The Tennessee State Council for Licensing Hearing Instrument Specialists requests that I submit evidence that my certificate/license in the State of \_\_\_\_\_ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

TENNESSEE COUNCIL FOR LICENSING HEARING INSTRUMENT SPECIALISTS  
665 MAINSTREAM DR  
NASHVILLE TN 37243

Your early attention is appreciated.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*\*\*\*\*

**PART B – To Be Completed by the Certifying Board**

EXECUTIVE OFFICE OF STATE BOARD:

NAME: \_\_\_\_\_ Certificate/License Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Licensed By: \_\_\_\_\_ Exam \_\_\_\_\_ Reciprocity

Written Exam Administered by IHS? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes – was exam proctored by member of the state's licensing board or designee? \_\_\_\_\_ Yes \_\_\_\_\_ No

SCORES FROM IHS SECTIONS:      I:      \_\_\_\_\_      IV:      \_\_\_\_\_      VII:      \_\_\_\_\_      X:      \_\_\_\_\_  
   II:      \_\_\_\_\_      V:      \_\_\_\_\_      VIII:      \_\_\_\_\_  
   III:      \_\_\_\_\_      VI:      \_\_\_\_\_      IX:      \_\_\_\_\_

Is license current? (Circle One):      Y      N

Licensed By:      \_\_\_\_\_ Exam      \_\_\_\_\_ Reciprocity

Derogatory Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
STATE COUNCIL/BOARD

(SEAL)

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

Return to:      COUNCIL FOR HEARING INSTRUMENT SPECIALISTS  
                         665 MAINSTREAM DR  
                         NASHVILLE, TN 37243





STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DR  
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP  
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) \_\_\_\_\_  
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: \_\_\_\_\_  
Last First Middle Maiden\_
2. Mailing Address: \_\_\_\_\_
3. Phone Number: Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_
4. I am a United States Citizen: \_\_\_\_Yes \_\_\_\_No. If you answered yes to this question please sign this form in the presence of a notary and return it with your application.
5. I am a foreign national not physically present in the United States \_\_\_\_Yes \_\_\_\_No. If you answered yes to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
  - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
  - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
  - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
  - d) A federally issued birth certificate.
  - e) A valid, unexpired U.S. passport.
  - f) A report of birth abroad of a U.S. citizen.
  - g) A certificate of citizenship.
  - h) A certificate of naturalization.
  - i) A U.S. citizen ID card.
  - j) Any successor document to #'s a-i above.
  - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
  - a) Permanent Residents

- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**